

First Aid Phase II Goals and Objectives

In Phase II, EPA's Office of Pesticide Programs (OPP) tapped into the CLI to gather information they needed to update and improve First Aid statements. Specifically, consumers were interviewed about their comprehension of a series of proposed First Aid statements in order to assess the potential for changing, simplifying and clarifying these statements.

First Aid Phase II Activities

Based on input from the qualitative research conducted in Phase I of the project, EPA's Office of Pesticide Programs (OPP) made several revisions to the First Aid statements on product labels in March 1996. These revised statements underwent additional changes based on input from States and CLI industry Partners, academics, and poison control centers. In July 1997, the CLI tested these revised statements in a series of one-on-one interviews with consumers. The purpose of the interviews was to gain an understanding of consumers' comprehension of First Aid instructions.

Based on initial reactions and input from the interviews with consumers, the First Aid statements were further revised. From August to October 1997, these statements were distributed for comment to the American Red Cross, the Consumer Product Safety Commission, the American Poison Control Centers, the Communications Task Force of the Pesticide Program Dialogue Committee, and other CLI Partners and Stakeholders. The revised First Aid statements were the ones that were used and tested on the mail questionnaire and the mini focus groups of the Phase II quantitative and qualitative research. (For details of the quantitative research please refer to Chapter 2. For details of the qualitative research please refer to Chapter 3). Since the completion of quantitative and qualitative research in Summer 1998, EPA's OPP has made some additional minor revisions as a result of internal OPP review and comments from the International Poison Control Center. The final First Aid statements will be released in an Office of Pesticide Programs *Pesticide Registration (PR)* notice in Fall/Winter 1999.

The First Aid statements corresponded with the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), which, among other things, regulates what types of information, wording and format of labels must appear on pesticide products (40 CFR 156.10). Under FIFRA, the type of text that must be placed on a pesticide label is determined by the toxicity category of the product. Each product is assigned a toxicity category on a scale of one to four. A toxicity rating of one represents the highest toxicity level for any of the different ways that a person can be exposed to the product. These routes of exposure include exposure through the mouth (oral ingestion), the skin (dermal absorption and irritation), the eyes, and the lungs (inhalation). (For more information on FIFRA refer to Appendix 5-1.)

First Aid statements were proposed for each toxicity category, excluding category four, for which there are no specific First Aid statements required by regulation. Alternative statements were also proposed for the phrase on the label regarding the decision to seek medical advice, as well as for the note instructing people to bring the product label with them when seeking medical advice. Before the interviews began, the CLI team made a decision, based on Phase I research, to replace the word "physician" with "doctor" and "area of contact" with "skin."

Methodology of One-on-One Interviews

A total of 23 one-on-one interviews were conducted by Macro International, a research consulting firm hired by the EPA, to evaluate consumer comprehension of and preferences for alternate wording of first-aid statements. The interviews were conducted on July 7 and 8, 1997, in Calverton, MD, by one of the three moderators who had conducted the original CLI Phase I qualitative research in 1996. Respondents were recruited using a screening instrument that determined whether they used household cleaners, outdoor pesticides, and/or indoor insecticides (see Appendix 5-2). Interviewees were paid for their participation. Participants were shown variations of specific First Aid instructions. The moderator used a structured set of questions, but the order was varied from one respondent to the next. Additionally, questions were sometimes modified (e.g., in the situation when participants were asked what they would do if a product came into contact with their eyes), when it became evident that there was confusion or variation among consumers' interpretation and/or understanding of the question. Each interview lasted approximately 30 minutes and was observed by several representatives of CLI Partners and EPA staff. A debriefing session with observers and the moderator was held after completion of the first 17 interviews, and again after the completion of all 23 interviews.

Strengths and Limitations of Qualitative Research

The primary strength of qualitative research is that it can identify issues of concern to specific populations, and it also can be used to frame questions that can be developed further to derive quantitative data about a topic. As the results of this study will indicate, one-on-one interviews often identify issues that researchers may not have considered previously, or they may suggest framing questions differently to gather more accurate information.

It is important to note that results from one-on-one interviews, focus groups, and other qualitative research methods cannot be generalized to a larger population. A focus group or interview pool is not a statistical representation of the population. It is also important that the interpretation of qualitative data not be misrepresented in quantitative terms. For example, a statement that “nine of the twelve respondents” who participated in a study agreed on a particular point should not be interpreted as “75 percent of the population agreed that____,” because qualitative data cannot be extrapolated to describe the population as a whole.